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ABSTRACT

Intended for administrators and other school personnel responsible for planning, coordinating, and supervising and conducting screening in their local school district, the booklet gives an overview of screening requirements for New York State public schools and provides information on organizing and conducting screening activities to identify students who may have a handicapping condition or who may be gifted. Section I defines screening and provides a list of questions and answers regarding the purpose and intent of screening requirements outlined in Chapter 53. Section II lists the school district's plan for screening, while Section III brifly discusses confidentiality. A fourth section reviews considerations involved in selecting screening intruments. It is pointed out in Section V that the district should develop a comprehensive program for staff orientation and training in screening procedures. Section VI addresses the roles and responsibilities of the screening team, prescreening activities, and steps to take after obtaining results. Section VII covers procedures for screening students at the third grade level and students taking the Regents Preliminary Competency Tests. A final section offers information on reporting to parents. Appendixes contain Chapter 53 of the Laws of 1980, Section 3602: Part 117 of the Commissioner's Regulations: Education Law, Article 19, Sections 901, 903, 904, 905; and the Public Health Law, Section 2164. Sample screening registration and screening profile forms are also included. (SBH)

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SCREENING

IN

NEW YORK STATE

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions
Albany, New York 12234
August 1980

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Effective July 1, 1980, Chapter 53 of the Laws of 1980 requires local school districts to screen all new entrants to determine those students who may possibly be gifted or who may possibly have a handicapping condition. In addition, school districts are required to screen students scoring below level two on the third grade reading or mathematics tests for New York State elementary schools and students who obtain a comparable percentile score on the Regents Preliminary Competency Test to determine those students who may possibly have a handicapping condition.

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INTRODUCTION

This booklet is designed for administrators and other school personnel directly responsible for planning, coordinating, supervising and conducting screening in their local school district. The intent of the information and materials presented is to give an overview of screening requirements for public schools in New York State and to give information which will assist school districts in organizing and conducting screening activities.

Although screening has many different meanings, for the purposes of this booklet, screening is defined as a preliminary method of distinguishing from the general population those pupils who may possibly have a handicapping condition or those who may possibly be gifted.

Many local school districts currently conduct screening programs in an attempt to offer students individual assistance as soon as a need is identified. Suggestions offered in this booklet are not intended to replace or duplicate existing screening programs. Instead, the manual outlines preliminary steps involved in developing a screening program which meets the requirements of the new law.

WHAT IS SCREENING?

Screening is defined as a preliminary method of distinguishing from the general population those pupils who may possibly have a handicapping condition or those who may possibly be gifted. Screening identifies those students in need of further evaluation and should not be viewed as an in-depth method of assessing development. Screening is a quick method of assessing a student's overall performance and should indicate whether or not an in-depth evaluation is necessary. Based upon the results of the screening, students who are in need of further evaluation should be referred to appropriate school and medical personnel.

Your school district is responsible for insuring that:

- All new entrants are screened
- All students scoring below level two on the third grade reading or mathematics tests are screened
- All students who obtain a comparable percentile score on the Regents Preliminary Competency Test are screened
- A written plan is developed which describes screening procedures

Screening programs must be designed to obtain preliminary information regarding a child's development in the following areas:

- physical development
- cognitive development
- receptive and expressive language development
- articulation skills
- motor development

SECTION I

Physical examinations must meet all requirements outlined in Article 19 of the Education Law, Sections 903, 904, 905 and Section 2164 of the Public Health Law. The physical examinations should include tests of vision, hearing, review of the child's immunization records, tests for scoliosis and a physical examination. In addition to these requirements, the physical examination should evaluate the child's physical development status appropriate to his/her chronological age. The health examination should be conducted by a duly licensed physician, or evidence should be presented in the form of a health certificate that such an examination has been conducted.

Instruments used to assess development in the areas of cognition, receptive and expressive language, articulation and motor areas should be designed to assess general development in these specific areas.

School districts must assure that children are screened in a fair and unbiased manner. Districts must make every effort to screen children in their primary language. Persons conducting screening should ascertain the primary language spoken in the home by giving an oral efficiency test which will answer the following questions:

- Can the student function only in his/her native language?
- Can the student also converse in English?
- Can the student function fully in his/her native language and English?

Procedures for evaluating students with limited English proficiency must be detailed in the school district's plan for screening in order to assure that screening procedures are nondiscriminatory.

Districts may select norm-referenced or criterion-referenced tests and may wish to select one or more such instruments. Instruments may be selected which can be administered by appropriately trained paraprofessionals or professionals. Instruments should not be selected which have been

designed to give only an I.Q. score since these instruments are generally part of an in depth evaluation and not suitable for a preliminary screening.

In cases where instruments are not available in the child's primary language, school districts are responsible for providing an interpreter. A parent or the school district may request that an interpreter be provided. The State Education Department can provide information on screening instruments available in languages other than English.

Information collected as a result of the screening will automatically become part of the student's school records. Therefore, school districts must insure that policies regarding confidentiality are established and that parents and children are informed of their rights to privacy.

The following questions and answers have been developed regarding the purpose and intent of screening requirements outlined in Chapter 53:

QUESTIONS	ANSWERS
How do screening and evaluation differ?	Screening is a general measure of a pupil's abilities while evaluation involves a comprehensive assessment of the pupil's abilities.
Who should be screened?	All new entrants, pupils scoring below level two on the third grade reading or mathematics tests and all pupils who obtain a comparable percentile score on the Regents Preliminary Competency Test.
As a result of the screening, who should be referred for further evaluation?	Only those children who may possibly have a handicapping condition or who may possibly be gifted.
Which areas of development must be screened?	Physical, receptive and expressive language, articulation, motor and cognitive areas.

QUESTION	ANSWER
Must school districts conduct screening of new entrants prior to the beginning of the school year?	Screening of new entrants should be conducted prior to the school year, if possible, but no later than December 1 of that school year.
Who are the qualified medical personnel required to conduct physical screening?	Physicians employed by the district as medical inspectors who may be assisted by trained registered nurses, dentists, dental hygienists, nutritionists, optometrists and oculists.
Who are the qualified school personnel required to conduct the educational screening?	Persons selected by the school district who have been appropriately trained. Professionals and/or paraprofessionals under the supervision of professionals.
May districts select either norm-referenced and/or criterion-referenced instruments?	Yes, a district may select either or both.
Who should be referred to the Committee on the Handicapped?	Those children who may possibly have a handicapping condition.
Who should be referred to the Superintendent of Schools?	Those children who may possibly be gifted.
Is there a list of approved screening instruments?	No.
Who refers a child who may possibly be handicapped or gifted to the COH or the District Superintendent?	Local procedures will dictate who should make the written referral. Procedures must, however, insure that referrals to the District Superintendent or COH be made within 15 days of the screening.
Must a child be screened who has been identified as handicapped prior to school entry?	No. A referral should be made directly to the COH.
Must a child who does not speak English be screened?	Yes. The school district's screening program must include provisions to communicate with the student in his/her native language.

School districts must develop a written plan prior to the beginning of each school year which describes the district's screening program. A school district should take into account local screening procedures and available resources in the development of the written plan. The plan should include, but is not limited to:

- procedures for developing a list of all students who must be screened
- procedures for conducting screening on all three levels
- a description of the specific screening instrument(s) to be used at each level
- provisions for an informative notice of screening to be sent to parents of each child to be screened in advance of the screening date
- procedures for screening non-English-speaking students
- procedures for assuring confidentiality
- procedures for assuring nonbiased testing
- procedures for reporting the results to parents
- procedures for referral to the Committee on the Handicapped for a child who may possibly have a handicapping condition and referral to the Superintendent for a child who may possibly be gifted
- description of personnel responsible for supervising and conducting screening
- description of procedures used to provide inservice training to all professionals and paraprofessionals involved in screening
- description of timelines for completing screening

School districts should insure that the written plan is clear and comprehensive so that all district personnel have a consistent understanding of the screening program. The written plan should clearly explain to all district personnel the procedures which have been established for implementing the screening program.

School districts should have copies of the written plan available at the district office and should make sure that all appropriate persons at the local level are aware of the contents of the district's plan.

CONFIDENTIALITY

Information about a child collected through the screening program automatically becomes a part of that child's school records. The school district has established policies regarding confidentiality of information contained in the school record such as informing parents and children of their right to privacy, who has access to the information and how to challenge those records should they be inaccurate, misleading or otherwise inappropriate. To communicate this information to parents, handouts describing the district's policy on confidentiality of school records should be disseminated prior to or on the day of the screening.

Since persons conducting the screening are involved in collecting confidential information about a child's health status and educational development, it is very important that verbal as well as written accounts of the child's performance be held in the strictest confidence. Screening personnel should treat their own impressions and concerns about the children they see in a confidential manner and should refrain from talking about children and their performance with people not directly involved with conducting the screening. If parents ask how their child is doing during the screening, you may wish to explain that the screening results are meaningful only after all the testing has been completed and the child's performance in all areas is recorded. You might also assure them that they can receive a complete report from the screening personnel. The person in charge of screening may choose to designate certain persons responsible for answering specific questions about the screening instruments, children's responses, and screening reports.

There are many factors to be considered when selecting screening instruments to be used by your district for the screening program. A set of questions are listed below for your consideration when making decisions about screening.

What developmental areas will be screened; i.e., physical, educational, etc.?

What age group is the instrument(s) designed for?

Is there information regarding validity and reliability?

Are the materials attractive to children (i.e., color, size, shape, or texture)?

Is the instrument available in languages other than English?

Are the directions to the students clear and explicit?

Are the directions to the administrator of the test easy to read and understand?

Is it clear to the administrator what adaptations and variations can be made to elicit a response?

Can the responses be recorded and scored quickly and easily?

Does the instrument consider additional factors such as the recording of observations and impressions of the child and his/her behavior?

What is the cost of the instrument (with nonexpendable and expendable items)?

What would be the cost of interpreters and/or revisions necessary in order to utilize the instrument for non-English-speaking students?

Is the instrument readily transportable and easily stored?

How many children can be screened at one time?

How long does it take to administer?

How many staff members will be necessary?

Does it allow for parental involvement?

Does it have a staff training component?

The selection of screening instruments for children above the age of six or seven years must differ from the selection of instruments for screening at the primary level. This is largely due to the nature of screening materials available in the areas in which screening is required and the need to be prepared to screen students ranging from grade two through grade twelve as possibly handicapped. Within a given screening area, it may be possible to locate a single instrument which spans those age ranges. It is also possible to select a series of screening instruments which cover a variety of age ranges. For some areas of screening, instruments based on developmental levels may be most valuable.

Your school district may want the members of the screening team, parents and medical personnel to be directly involved in the selection of screening instruments. In determining criteria to be used in selecting instruments, the district should keep in mind that the purpose of the screening is to identify children who may possibly be gifted or who may possibly have a handicapping condition.

Since further evaluations will be conducted for children referred as a result of the screening, it is suggested that instruments be considered that allow for uniform administration and produce easily comparable results. Instruments which tend to overscreen or underscreen may not be desirable for your screening program since other instruments may have to be used in addition.

Screening personnel may want to make a checklist which describes characteristics of certain instruments being considered. Characteristics of screening instruments may be helpful in the selection process as a way of structuring comparisons between test instruments. Such comparisons developed by David L. Lillie* describe characteristics of some instruments currently being used to screen young children. The following test characteristics should be considered:

- the age range covered
- whether it is administered individually or in a group
- the time it takes to administer
- who can administer the test
- standardization
- validity
- reliability
- availability in languages other than English

* Cross and Coin, eds., "Identifying Handicapped Children, A Guide to Casefinding, Screening, Diagnosis, Assessment, and Evaluation." New York, NY: Walker & Co., 1977.

At this time, there is no extensive collection of assessment devices available for non-English-speaking students. Assessment devices which are currently available are designed for students whose native language is Spanish. A review of tests and instruments designed to assess various language skills in English and Spanish reveals the following characteristics:

- most of the instruments assess only oral skills
- most are appropriate only in primary grades, K-3
- many are more appropriate for regional linguistic variations other than Puerto Rican
- many require individual administration
- many do not have appropriate norms based on applicable populations and/or well-defined criteria for mastery-level performance

Since there are few test batteries now available to assess Spanish and English language skills with acceptable validity in all areas and at all grade levels, the use of professional judgment is essential for proper placement, appropriate programming and valid screening. Tests which have been carefully chosen and are correctly used can provide bilingual pupils and school personnel with valid and objective feedback which is preferable to subjective judgment alone.

Some assessment devices are currently being developed (including tests, inventories, scales, etc.) and may be appropriate for screening non-English-speaking students.

The following Regional Bilingual Education Offices have been established to assist school districts in planning for non-English-speaking students:

Albany Regional Office
State Education Department
Bureau of Bilingual Education
Room 308 EB
Albany, New York 12234
(518) 474-8775

Buffalo Bilingual Regional Office
Bureau of Bilingual Education
Erie BOCES
2 Pleasant Avenue West
Lancaster, New York 14086
(716) 681-0100

New York City Bilingual Regional Office
State Education Department
Two World Trade Center, Suite 5040
New York, New York 10047
(212) 488-7294

Long Island Bilingual Regional Office
State Education Department
Valentine Road and the Plain Road
Salisbury Center
Westbury, New York 11590
(516) 997-7010 extension 280

The district should develop a comprehensive program for staff orientation and training. After screening personnel have been selected, plans should be made for staff orientation and training which will include the following: describing the purpose and goals of screening, establishing roles and responsibilities, and developing appropriate skills and techniques for the actual screening. You may also want to include substitute personnel in your staff orientation and training program.

When explaining the district's screening program, be sure to include the definition of screening, the rationale for screening and its effects on educational programming, the projected number of children to be screened, the strategy for conducting the screening and the instruments to be used. Staff will need to know time commitments in advance, including the training sessions required. Your training should be conducted so that the staff has an understanding of the activities to be completed, the time frame for completion, the person(s) responsible for coordination of all activities and the person(s) to contact in case of a problem or emergency. When more than one individual will be conducting the screening, the district might consider the assignment of screening personnel to a specific developmental area such as motor development, speech and language, etc.

Although the emphasis of training may be focused on the screening instruments and how to administer the tests, attention should be given to making screening personnel sensitive to practices and procedures which allow for optimal responses from children. Training sessions should provide specific information regarding responses from children which should indicate to personnel that further questioning is needed in order to complete an accurate and useful screening.

Some screening instruments have manuals, filmstrips or tapes which include step-by-step descriptions of how to administer the screening instrument. Workshops designed to teach staff how to use the instruments should be scheduled for all personnel conducting the screening. It is important that personnel have a clear understanding of how to administer each item and how to rate the child's performance. Training approaches such as modelling and role playing will increase the staff's familiarity with the instruments and techniques in handling a variety of responses.

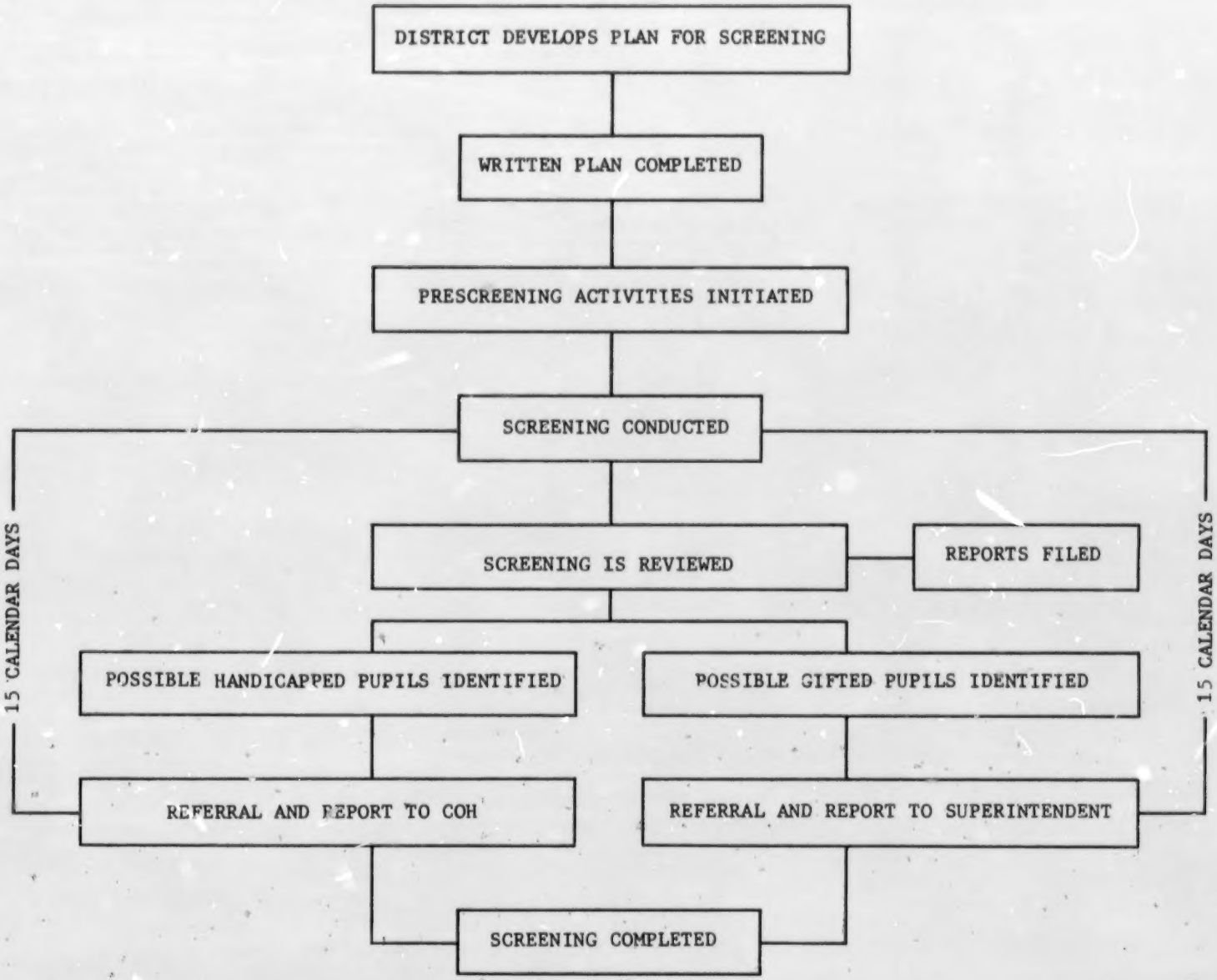
If your district's plan calls for paraprofessionals to be used for administering the screening instrument, training must be provided. It is suggested that paraprofessionals working under the supervision of trained staff are familiar with the screening instruments and procedures and are included in the training program prior to the screening.

In addition, support persons such as secretaries and clerical assistants should be familiar with the overall program and understand their specific responsibilities which may include preparing name tags, taking registration, escorting parents and children to the screening areas, etc. It is important that all staff be sensitive to the anxiety the children and parents may be experiencing. Parents may want to know exactly what their child's performance was during the screening. The staff should be trained to deal with the needs and concerns of parents and children in order to establish rapport and to make the screening program a productive experience.

Meetings should be held periodically to provide the person involved in screening with feedback concerning procedural changes to be made.

SCREENING PROGRAM

FLOW CHART



SECTION VI

This section of the screening booklet is intended for personnel who have been selected to conduct the actual screening. All members of the screening team should be familiar with the district's screening plan and have a clear understanding of their roles and responsibilities in the screening process.

All screening personnel should receive training prior to the screening so that they have information regarding the purpose of the screening, the instruments which will be used, the areas to be screened and their role in the screening process.

Although the educational and medical components of the screening may be coordinated or conducted separately, sample forms and suggestions include references to both components of the screening program.

The screening program for new entrants should be designed to obtain preliminary information regarding a child's development in the following areas:

- Physical Development - Examinations should include tests of vision, hearing, review of the child's immunization records, tests for scoliosis, and a physical examination. Health examinations should be conducted by a duly licensed physician or evidence should be presented in the form of a health certificate that such an examination has been conducted.

- Cognitive Development - Tasks should be selected to provide a preliminary method of distinguishing the child's ability to function in an age-appropriate manner. A series of verbal and nonverbal tasks should be utilized which sample concept development, reasoning, word associations, memory, general information, knowledge, and problem-solving ability.

- Receptive and Expressive Language Development - The child's ability to understand and process spoken language may be assessed through tasks requiring picture identification, following verbal directions, conversation, storytelling, and direct questioning.

- Articulation Skills - The child's ability to reproduce sounds and words may be assessed through tasks which require repetition of words, phrases, or sentences. Articulation skills should be assessed keeping in mind that these skills will not be fully developed until the age of seven or eight. Tasks which assess general intelligibility of speech or the child's ability to be understood may be utilized.

- Motor Development - A child's ability to move freely in the environment, to manipulate objects and use crayons, scissors, pencils, etc., can be assessed by utilizing an obstacle course, drawing, tracing and other fine and gross motor activities.

Instruments used to assess development in the areas of cognition, receptive and expressive language, articulation, and motor areas should be designed to assess general development in these specific areas.

Careful attention to the activities which precede the actual screening may determine the success of your district's screening program. It is important to consider census information, registration procedures, preparation of screening materials, scheduling, room arrangements and training of personnel to insure that the screening program is well organized in advance of the actual screening. In order to obtain useful information about each child the screening program should be conducted with a minimum of confusion. New entrants will need to feel comfortable and relaxed in order for medical and school personnel to complete the examination sessions in a timely fashion. There should be sufficient time allotted for discussions regarding the locations, accessibility and adaptability of the facilities chosen for the screening programs. It is suggested that a checklist of materials be developed which details necessary equipment, testing materials and student materials. The following sample checklist may be helpful in avoiding delays in the screening process:

SCREENING PROGRAM

Checklist of Materials

School _____ No. of Children _____

Dates _____ Person responsible _____

TESTING MATERIALS

___ obstacle course
___ fine motor activities
___ school entrance checklist
___ screening summary sheets
___ parent handbooks
___ assessment profiles
___ screening instruments
___ checklist of tests
___ student folders

STUDENT MATERIALS

___ name tags
___ pencils
___ crayons
___ paper(drawing and writing)
___ puzzles
___ books
___ blocks
___ misc. toys (puppets, clay, riding toys)

Room arrangements and staff responsibilities should be carefully discussed so that personnel conducting the screening have a clear picture of what is expected of them during the screening. If your district's plan calls for screening to be conducted during regular school hours as opposed to during the summer when school is not in session, it will be necessary to plan accordingly so that adequate space is available. The atmosphere of the testing environment will be an important factor in the information obtained during the screening.

You should notify parents regarding screening dates, location and times so that the screening program is well attended. This will eliminate the need for rescheduling or overcrowding during the screening program. Be specific regarding the parents' role in the screening. Give parents a list of registration forms, birth certificates, immunization records, etc., which your district will require in order to collect accurate and complete information. Be sure directions are specific and clearly indicate whether or not parents should attend any part of the screening. An orientation session for parents, describing information to be collected and the purpose of the screening program will be helpful in improving attendance. Relieving anxiety concerning the screening program will be helpful in assuring parent support. Ask parents for their assistance in explaining the screening to their children so that they feel comfortable and are not frightened. The screening program may be the child's first experience with school. Preparation for this new experience will allow personnel conducting the screening to clearly understand their roles and insure an atmosphere which is relaxed for the children. This preparation will enhance the effectiveness of the screening program and allow sessions to be organized and scheduled to meet the needs of staff and children.

School districts may wish to include parents in the screening program. Parents can play a vital role in providing information relevant to their child's development which will insure that screening results are accurate.

To assist in collecting useful information your district should select a registration form which asks parents to answer general questions regarding their child's development. Registration forms should be sent to parents in advance and returned at the time of the screening so that student folders are complete before the screening begins (see sample).

SCREENING PROGRAM

SAMPLE REGISTRATION FORM

Name of Child _____ Mother's Name _____

Date of Birth _____ Father's Name _____

Name of Nursery School _____ Address _____

_____ _____

Any special problems _____ Telephone Number _____

Native language spoken in the home _____

Is your child presently taking any medication?

YES _____ NO _____ Please list _____

_____

1. (a) Have you ever suspected that your child may have defective eyesight?

_____

(b) If so, has he/she ever been seen by an optometrist or an eye specialist?

_____

(c) If so, what was the result of the examination and recommendations, if any?

_____

2. (a) Have you ever suspected that he/she may have defective hearing?

_____

(b) If so, has he/she ever had his/her hearing tested?

YES _____ NO _____ DATE _____

(c) If so, what was the result of the examination and recommendations, if any?

_____

3. (a) Has your child had any other screening or evaluations?

YES _____ NO _____ DATE _____

(b) If yes, what were the results? _____

_____

4. (a) Has your child been hospitalized at all since birth?

YES _____ NO _____ DATE _____

(b) If so, what was the reason? _____

_____

(c) Any other serious illness or injuries? _____

_____

5. (a) Has your child ever seen a dentist?

YES _____ NO _____ DATE _____

(b) If so, for what reason? _____

_____

6. Does your child have any allergies?

YES _____ NO _____

Please list _____

_____

7. By the age of 3½ did he/she tend to omit words? (e.g., "I going to school.")

YES _____ NO _____

8. Can he/she remember a short message or a telephone number?

YES _____ NO _____

9. Additional Comments: _____

_____

_____

_____

10. I understand that all reports and testing results will be treated confidentially.

Date_____ _____
Parent/Guardian Signature

Your local district will need to develop a screening schedule which allows sufficient time for all new entrants to be screened. Depending upon your district's current census information and the number of transfer students, schedules can be developed which will provide flexibility for personnel and parents involved in the screening. If your district schedules the screening program during the summer months, two or more consecutive sessions should be scheduled. In this way absenteeism, family vacations, and other factors which may influence attendance will be taken into consideration.

If your district has a small number of children, screening may be scheduled during regular school hours during the months of May and June or during the first two weeks of school. Caution should be given in this approach since staff may have additional responsibilities which would prevent screening from being completed in a timely fashion.

In order to complete the screening of all new entrants and to allow for adequate time for review of the results, schedules and staff assignments should be planned and organized so that all new entrants can be seen. It would be wise to determine the total number of children, the average time required to administer each of the screening devices and the amount of time necessary for adequate review of screening results.

Scheduling children in small groups for shorter periods will allow screening personnel time to complete tests and become familiar with each child. Volunteers may help to entertain children during the screening and provide adequate supervision so that personnel may concentrate upon administering the screening instruments. The schedule should allow flexibility for certain children to return if they are reluctant to participate or need more time to feel comfortable with screening staff.

Students will usually feel more comfortable being screened in a classroom environment which is familiar and allows for interaction with other children. Classrooms may be organized so that portions of the screening can be conducted in areas which have been specifically designed for individual and small group activities. Screening stations or sections within the room may be set up which will allow for screening personnel to work within the classroom for certain activities. Gross motor activities, for example, may be quickly assessed using an area in which an obstacle course has been set up. Tires, a balance beam, steps and other play materials may be selected which allow children to move freely through these areas as screening personnel observe their performance. Screening classrooms should be located away from play areas to facilitate the administration of individual screening instruments which require concentration and a minimum amount of noise.

Office spaces or additional rooms should be selected for the administration of individual instruments which test listening skills, hearing and speech. These areas should allow for a minimum amount of distractions so instruments can be administered quickly and the results will accurately reflect student performance.

Special consideration should be given to the location of screening programs which will be conducted during regular school hours. The cancellation of regularly scheduled activities may be necessary in order to avoid confusion and to accommodate additional space needs during the screening. In selecting a location, you may want to consider space requirements for screening stations or areas designated for the following purposes:

- registration
- physical examinations
- individual or small group screening
- speech and hearing examinations
- motor development
- parents' waiting room
- team conferences
- individual conferences
- reading and play areas

Adequate planning and the completion of prescreening activities should insure that the screening is conducted in an efficient manner according to your school district's plan. Staff should arrive early to take care of last minute details such as lunch schedules and extra supplies. All staff should be familiar with local school district procedures regarding safety precautions.

When the parents and children arrive, welcome them cordially and begin the screening process. A parents' reception room should be available if parents will be asked to wait for their children. They will also be given the opportunity to request information about the screening that is being conducted.

Play materials should be available as a method to help establish rapport. Paper and writing materials, picture books and puzzles are some materials that would be appropriate. Staff should be pleasant and encourage cooperation and participation from children and their families.

Some children may be frightened at first and be reluctant to respond to questions. Assurance and encouragement will usually be sufficient to relieve these fears. The screening should not be rushed or forced upon the children since this may yield inaccurate results.

Student folders, records and results should be collected and kept in a central location so that school personnel, medical personnel and parents have access to the screening information which has been collected.

Although students should have an opportunity to complete portions of the screening program in a relaxed manner, the efficient use of time will be an important consideration in conducting the screening program. Students should move quickly through those portions of the screening which require brief observation or responses that can be quickly and easily recorded. In this way a number of children may be screened making efficient use of staff time and space limitations. Since screening is a preliminary method of determining which students will require further observation, the majority of students should complete the screening with little or no difficulty. A checklist of areas to be completed may be attached to individual student folders and marked as they have been completed. In this way students may complete the screening allowing new students to begin in overlapping or sequential

time segments. Personnel will then be able to screen many students while assuring that all information, record sheets and examinations are complete.

Once screening personnel have completed examinations and collected information, decisions must be made regarding the referral of children identified as possibly handicapped or possibly gifted.

REVIEWING THE RESULTS

Screening personnel should be available if needed during the review of the screening results. A conference room in which confidential information can be discussed should be provided. A summary sheet or profile of the results may be helpful in reviewing the information and making decisions regarding referral of children identified as possibly having a handicapping condition or possibly being gifted. Criteria should be established for reviewing the results for non-English-speaking students which takes into consideration the child's native language.

Remember, should further evaluation be indicated, screening records and information, along with the reports from screening personnel should accompany all referrals. To insure that records are complete and that information is readily communicated, your district may choose to develop a screening profile for each student being screened. The following summary sheet could assist screening personnel in reviewing the results and would give an overall view of each child's performance.

SCREENING PROFILE

CHILD'S NAME _____ DATE OF BIRTH _____ SEX _____

SCHOOL _____ DATE OF REPORT _____

This profile gives an overview of your child's performance during the Screening Program. A parent handbook is included which gives additional information about the program.

AREAS EVALUATED		STRENGTHS	NO APPARENT DIFFICULTIES	FURTHER OBSERVATION INDICATED	PERSON CONDUCTING SCREENING
PHYSICAL	Health and immunization records				
	vision				
	hearing				
	general assessment				
SPEECH	articulation				
MOTOR	gross motor				
	fine motor				
LANGUAGE DEVELOPMENT	receptive				
	expressive				
	English				
	native language				
COGNITIVE DEVELOPMENT	vocabulary				
	reasoning				
	concepts				
OTHER					

☐ Child attended all sessions ☐ Parent Conferences held ☐ Professional consultation recommended (If yes, please explain.)

NOTES:

Thank you for your participation in the screening program. If you have any questions concerning your child's performance, please call us at (your local school district telephone number).

Screening personnel should plan to meet prior to screening to organize and develop procedures for reviewing the results of the screening. Items to be discussed concerning the review process should include:

- scheduling reviews
- developing a format for the written reports
- designing strategies for decision making
- developing mechanisms to assure that reviews and reports are prepared in a timely manner
- becoming familiar with mechanisms for referral to the COH or the Superintendent.

Personnel responsible for conducting the screening should review the results of the screening of all new entrants and prepare written reports. Such reports should indicate which screening device(s) was used to measure the pupil's performance and the results of each. Personnel should determine which pupils are possibly handicapped to be referred to the Committee on the Handicapped and which pupils are possibly gifted to be referred to the Superintendent. Local procedures will determine who is responsible for making the actual referral on the basis of the screening results. Districts must insure that such referrals take place within 15 calendar days of the screening. This referral must be accompanied by the written report describing the results of the screening. Since reports will become part of each pupil's school records, your district may want copies of all reports forwarded directly to the central office.

Criteria for referral of children who may possibly be gifted or who may possibly be handicapped should be established. Procedures regarding these decisions should be authorized by the school district in advance of the screening to avoid overscreening or underscreening. The individual profile sheet should be helpful in reviewing the results and allowing the professional members of the team to discuss individual differences.

If as a result of screening the need for a referral is indicated, parents and appropriate school personnel must be notified. Personnel should be cautious and insure that such a referral is indeed needed. If additional information is necessary in order to make this decision, it may be necessary to have the child return for an additional screening session. This may be particularly true for new entrants who were initially reluctant to respond.

In all cases, the parents or designated screening personnel may make such a referral. Your school district's plan for screening should detail this referral process so that all members of the screening team are clear regarding their role and responsibility in the referral process.

In the review of the screening results, personnel should develop criteria for determining which students should be referred as possibly handicapped. The results of this review should indicate specific information regarding the reason for the referral. Your district's plan for screening should explain the process for referral of a child who may possibly have a handicapping condition to the Committee on the Handicapped. Individuals should be identified who are responsible for making such referrals. The school principal, screening personnel, or the parents may make the referral.

REFERRING CHILDREN WHO MAY POSSIBLY HAVE A HANDICAPPING CONDITION

The referral to the Committee on the Handicapped should be in writing and its format similar to the referral forms currently being used by the district. The referral must be made to the Committee on the Handicapped within 15 days of the screening. Once the Committee receives the written referral, it collects and reviews all existing information in the student's record including the screening results and the reason for the referral. After review of existing information, the Committee on the Handicapped determines the need for additional testing and notifies the parents of the proposed evaluation, its intended uses, and requests written consent for evaluation.

Once the referral is made to the Committee on the Handicapped and if the child is identified as handicapped, the Individualized Education Program process begins for the student. This process includes evaluation, classification, placement, development and implementation of the Individualized Education Program and annual review.

As a result of screening, pupils identified as possibly gifted should be reported to the Superintendent within 15 calendar days of such screening. A gifted child is defined in Section 142.2 of the Commissioner's Regulations as a child who is "capable of high academic and/or artistic performance, as evidenced by general intelligence, special academic aptitude, leadership or special talent in one or more of the arts." A handbook entitled, Suggested Procedures for the Identification of the Gifted and Talented may be ordered from the State Education Department in Albany. The availability of local district programs and resources for gifted children may differ from one district to another. Specific educational services for those children identified as gifted will therefore be determined based upon the results of diagnostic screening and the availability of local programs. Your district is encouraged to identify local persons with expertise in planning programs for gifted pupils. The State Education Department can provide information on planning for gifted students as needed.

REFERRING CHILDREN WHO MAY POSSIBLY BE GIFTED

CONDUCTING SCREENING FOR STUDENTS AT THE THIRD GRADE LEVEL AND FOR STUDENTS TAKING THE REGENTS PRELIMINARY COMPETENCY TESTS

In addition to the screening for all new entrants, Chapter 53 requires the screening of "all pupils who score below level two on either the third grade reading or mathematics tests for New York State elementary schools and all students who obtain a comparable score on the Regents Preliminary Competency Tests...to determine whether such pupils may be handicapped."

There are certain tests administered to all students throughout the state which can assist your district in identifying students who may have a handicapping condition. These tests include: The New York State Tests, Beginning Grade 3 in Reading and Mathematics and the Regents Preliminary Competency Tests in Reading and Writing.

Your district is required to screen:

- Those students at the third grade level scoring below level two, (obtaining a score of 11 or below on the NYS Test in Reading, Beginning Grade 3, Form C) or (obtaining a score of 10 or below on the NYS Test in Mathematics Beginning Grade 3, Form C).

- Those students who obtain a score of 44 or below on the NYS Regents Preliminary Competency Test in Reading, Form B or a score of 40 or below on the NYS Regents Preliminary Competency Test in writing, Forms A or B.

- In addition, non-English-speaking students who are exempted from taking the tests mentioned above must be tested in their native language, using equivalent tests and testing procedures. The intent of the provision for non-English-speaking students is to assure that those who may be handicapped will be provided with appropriate education programs and services.

Test results will indicate to your district which students should be referred for screening. Since students at the third and eighth or ninth grade levels have been attending school, your district may already have data on file upon which to assess reading, mathematics and writing skills. Information about the student's abilities from parents, siblings or teachers may also serve as the basis for collecting information. Your district should review data in conjunction with the student's school records of academic performance, attendance and teacher reports.

The student's school records provide you with the initial information for screening. As indicated in previous sections, the law requires certificates of immunization as well as tests of hearing and vision which, in the case of non-

English-speaking students, should be administered in the native language. You should review the results of these examinations first. If they indicate a possible handicapping condition, the students should be referred immediately to the Committee on the Handicapped.

In addition to the physical examination, assessments in the areas of language development, cognitive development and motor development are required. Should the student's records contain recent (within one year) and appropriate measures of language, cognitive and motor development, it would not be necessary to do any additional screening. If the records do not provide appropriate data, it will be necessary for you to obtain such measures. Once again, if the student is non-English-speaking the assessment should be given in the student's native language.

Language screening at the third grade level and at the eighth and ninth grade levels serves to distinguish those students whose language does not appear to be age-appropriate. Assessment of articulation need not be conducted through the student's repetition of isolated words, but may be incorporated into a general screening of expressive language. The examiner may describe the student's intelligibility by one of the following phrases:

(a) generally intelligible--no noticeable sound errors in continuous speech
(b) generally intelligible--but with some noticeable sound errors
(c) speech is intelligible with careful listening
(d) speech intelligibility is difficult
(e) speech is unintelligible

Screening of expressive language may be assessed in an informal manner through conversational speech. The examiner may ask a series of open-ended questions relative to the student's family or recreational interests to observe the student's general degree of fluency, signs of stuttering, general organization of thoughts, use of complete sentences and repetition of words and phrases. Young students may require a picture of a stimulus for storytelling or for the identification of particular objects.

Receptive language, or the student's ability to understand and process spoken language may be assessed through picture identification exercises in which the student is required to select a picture which illustrates an object, activity or concept. Receptive language may also be assessed through the pupil's ability to follow a series of increasingly complex directions; from a one-step direction such as "close the door" to directions of three or more steps. Paper and pencil activities which require a series of markings on a page may be used in conjunction with more complex oral directions.

Cognitive screening at the third and eighth or ninth grade levels should indicate whether or not the students intellectual functioning is generally age-appropriate. When available, current records may be used to expedite this part of screening. A series of verbal and nonverbal tasks should be used. The tasks should be selected to provide an indication of the student's ability to function in an age-appropriate manner. Some of the cognitive skill areas to consider in your screening of students include:

- Concept development tasks - These can be assessed through a vocabulary list which uses oral or visual presentation to which the student must give meaning. The quality of the response should be considered in the assessment. There are also many nonverbal matching and sorting tasks which require that the child be able to group items or pictures by common characteristics.

- Reasoning tasks - These are not heavily dependent upon language and often include mathematical concepts. Such tasks focus on a student's ability to solve problems and utilize rules.

- Word association tasks - These are analogies which require the student to complete phrases with the appropriate word. They are based on the recognition of relationships such as "frown is to sad as smile is to happy," or with the older student, "day is to week as week is to month."

- Long-term memory and short-term recall tasks - Long-term memory tasks are usually based upon general information that the student has presumably had an opportunity to acquire outside the school environment. Such tasks often question a student's knowledge of his/her surroundings. Short-term recall tasks commonly ask the student to repeat a series of numbers or a design which was viewed briefly.

A cognitive screening instrument may be developed by compiling parts of several existing tests, appropriate parts of a single battery or any other materials which provide the required information by way of content, normative or standardized scoring and other statistical considerations.

A screening of motor development tasks would include paper and pencil activities, the ability to plan movement and manipulate objects. You can assess many of these skills through observing the student's dexterity and coordination in activities such as handwriting, playing kickball and handling keys, money, a telephone or a watch.

Appropriately qualified school personnel as identified in your district's plan for screening should review the student's school records and the cognitive, language and motor development assessments to determine evidence of a possible handicapping condition. Should the review of all the information indicate the possibility of a handicapping condition, the student should be referred to the Committee on the Handicapped for more extensive evaluation consistent with subdivision (a) of Section 200.5 and subdivision (d) of Section 200.3 of the Regulations of the Commissioner.

Transfer students into the public schools from nonpublic schools within New York State, from other states and from other countries are considered to be new entrants and must be screened to determine which students may possibly be gifted or may possibly have a handicapping condition.

Screening to determine a possible handicapping condition should be conducted for transfer students at all levels of entry. Student records and information from previous schools should be reviewed in order to determine if screening has already been conducted.

REVIEWING THE RESULTS

All screening personnel should be available if needed during the review of the screening results. A summary sheet or profile of the results similar to that used for screening new entrants may be helpful in reviewing the information and making decisions.

In the review of the screening results, personnel should develop criteria for determining which students should be referred as possibly handicapped. Criteria should be established keeping in mind the following groups of students:

- students scoring below level two on the third grade reading or mathematics tests
- students who obtain a comparable percentile score in the Regents Preliminary Competency Test
- students who are exempted from testing as non-English-speaking
- transfer students

The results of this review should indicate specific information regarding the reason for the referral.

REFERRING CHILDREN WHO MAY POSSIBLY HAVE A HANDICAPPING CONDITION

Your district's plan for screening should explain the process of referring of a child who may possibly be handicapped to the Committee on the Handicapped. Individuals should be identified who are responsible for making such referrals. School personnel, a physician, or the parents may make such a referral.

The referral to the Committee on the Handicapped should be in writing and its format similar to the referral forms currently being used by the district. The referral must be made to the Committee on the Handicapped within 15 days of the screening. Once the Committee receives the written referral, it collects and reviews all existing information in the student's record including the screening results and the reason for the referral. After review of existing information, the Committee on the Handicapped determines the need for additional testing and notifies the parents of the proposed evaluation, its intended uses, and requests written consent for evaluation.

Once the referral is made to the Committee on the Handicapped and if the child is identified as handicapped, the Individualized Education Program process begins for the student. This process includes evaluation, classification, placement, development, and implementation of the Individualized Education Program and annual review. Should further evaluation be indicated, screening records and information, along with the reports from screening personnel should accompany all referrals.

Parents have a right to request information regarding their child's performance during the screening. They should have access to the screening results and obtain copies upon request. Parents should receive information in advance regarding the areas to be screened, the purpose of the screening and the referral process. This information should be communicated either verbally or in writing in the parents primary language(s). The school census can help to determine the numbers of families who speak languages other than English. This helps to determine the needed number of bilingual personnel the district should provide or have access to who can present information orally to parents of limited English proficiency.

In order to insure that information is available to parents, it is suggested that they receive a brief summary of the results which may be in the form of a checklist, a copy of the summary profile or letter describing their child's performance. If, as a result of the screening, a referral is made, parents will be concerned. Therefore, specific information regarding the reason for a referral will be helpful in gaining their support for further evaluation.

Your district may choose to develop a parent handbook describing the screening program which emphasizes the importance of early school success and the parents' role in assisting the school in planning programs for children. This handbook should be written in English and in other languages spoken by the parents. The district should make every attempt to communicate with parents in their native language to insure that parents have an understanding of the process and their role.

Your district's plan should describe how parents will be involved in their child's screening and what procedures will be established to communicate the results of the screening in English and other languages. Remember, the majority of children screened will <u>not</u> be referred for further evaluation. Parent's anxiety can be relieved and their questions answered as a regular part of the screening procedure.

Parents can play a vital role in providing information relevant to the screening program. School districts are encouraged to include parents as partners in the screening process. The screening program provides the opportuntiy for establishing good communication between the home and the school. Information obtained from parents will be essential in avoiding unnecessary referrals and insuring that screening results are accurate. School districts may want to encourage parents to be involved directly in the screening process as volunteers as well as information-givers.

Screening personnel and school adminstrators should be available to answer questions which parents may have concerning the screening program at all levels. Since the intent of the screening mandated under Chapter 53 is to identify special needs early, parents should know that their children will not be excluded from school as a result of the screening. Medical and school personnel should assure parents that the intent of the screening is to assist the school in planning the best possible program for children who may need special services.

§21. Section thirty-six hundred two of such law is amended by adding a new subdivision twenty-one to read as follows:

21. In addition to apportionments under subdivision eighteen of this section, each school district shall be entitled to an amount computed by multiplying by eight dollars the portion of the base year adjusted average daily attendance of such school district represented by pupils in grades kindergarten through three. Where the district used an average of its total aidable pupil units to compute operating aids, an average of the applicable attendance will be used for the purpose of this subdivision. Such aid will be provided to such districts for the purpose of performing diagnostic screening as described in section thirty-two hundred eight of this chapter.

§22. Section thirty-two hundred eight of such law is amended by adding a new subdivision six to read as follows:

6. a. Each trustee and board of education shall provide for the screening of every new entrant to school to determine which pupils are or may be handicapped or gifted, as well as pupils who score below level two on either the third grade reading or mathematics tests for New York state elementary schools and all students who obtain a comparable percentile score on the regents preliminary competency test, in accordance with regulations of the commissioner to determine whether such pupils may be handicapped.

b. Such screening shall include, but not be limited to:

(1) A physical examination pursuant to the provisions of section nine hundred one, nine hundred three and nine hundred four of this chapter, including proof of immunization as required by section twenty-one hundred sixty-four of the public health law.

(2) A language development assessment.

c. If such screening indicates a possible handicapping condition, a referral shall be made to the appropriate committee.

d. If such screening indicates a possibly gifted child, the name and finding shall be reported to the superintendent of schools of such district.

AMENDMENT TO THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Pursuant to Sections 207 and 3208 of the Education Law

The Regulations of the Commissioner of Education are amended, effective July 25, 1980, by the addition of a new Part 117 to read as follows:

Section 117.1 Scope of Part. The purpose of this Part is to establish standards for the screening of every new entrant to the schools to determine which pupils are possibly gifted or have a possible handicapping condition in accordance with subdivision six of section 3208 of the Education Law.

117.2 Definitions. As used in this Part:

(a) A pupil who has a possible handicapping condition shall mean a pupil who on the basis of a diagnostic screening shows evidence of being a pupil with a handicapping condition as defined in subdivision (d) of section 200.1 of these Regulations.

(b) A pupil who is possibly gifted shall mean a pupil who on the basis of diagnostic screening appears to meet the definition of gifted and talented as contained in section 142.2 of these Regulations.

(c) New entrant shall mean a pupil entering a New York State public school for the first time, or reentering a New York State public school with no available record of a prior screening.

(d) For purposes of paragraph a of subdivision 6 of section 3208 of the Education Law:

(1) Pupils who score below level two on either the third grade reading or mathematics tests for New York State elementary schools shall mean pupils obtaining a score of 11 or below on the New York State Test in Reading, Beginning Grade 3, Form C, or obtaining a score of 10 or below on the Mathematics Test for New York State elementary schools, Beginning Grade 3, Form C. Those pupils exempted from testing as non-English-speaking shall be examined in the pupil's native language through similar procedures and shall be screened for possible handicapping conditions if resultant scores are comparable to those indicated above.

(2) Students who obtain a comparable percentile score on the Regents Preliminary Competency Test shall mean students obtaining a score of 44 or below on the New York State Preliminary Competency Test in Reading, Form A, or a score of 45 or below on the New York State Preliminary Competency Test in Reading, Form B, or a score of 49 or below on the New York State Preliminary Competency Test in Writing, Forms A or B. Those pupils exempted from testing as non-English-speaking shall be examined in the pupil's native language through similar procedures and shall be screened for possible handicapping conditions if resultant scores are comparable to those indicated above.

(e) Diagnostic screening shall mean a preliminary method of distinguishing from the general population those pupils who may possibly be gifted or those pupils who may possibly have a handicapping condition.

117.3 Diagnostic screening.

(a) Each school district shall develop a plan for the diagnostic screening of all new entrants, pupils who score below level two on either the third grade reading or mathematics tests for New York State elementary schools, and students who obtain a comparable percentile score on the Regents Preliminary Competency Test, and all such new entrants, pupils and students shall receive such screening.

(b) Such diagnostic screening shall be conducted:

(1) by persons appropriately trained or qualified;

(2) in the pupil's native language if the language of the home is other than English;

(3) prior to the school year, if possible, but not later than December 1 of the school year of entry or within 15 days of transfer of a pupil into a New York State public school should the entry take place after December 1 of the school year.

(c) Diagnostic screening shall include but not be limited to:

(1) a health examination by a duly licensed physician, or evidence of such in the form of a health certificate, in accordance with sections 903, 904, 905 of the Education Law;

(2) certificates of immunization or referral for immunization in accordance with section 2164 of the Public Health Law;

(3) a determination of receptive and expressive language development, motor development, articulation skills, and cognitive development.

(d) The results of the diagnostic screening shall be reviewed and a written report of each pupil screened shall be prepared by appropriately qualified school district staff. Such report shall include a description of diagnostic screening devices used, the pupil's performance on those devices and if required, the appropriate referral.

(e) A pupil who may have a handicapping condition shall be referred to the Committee on the Handicapped no later than 15 calendar days after completion of such diagnostic screening. Such referral shall be accompanied by the report of such screening.

(f) A pupil identified as possibly gifted shall be reported to the superintendent of schools no later than 15 calendar days after completion of such screening. Such referral shall be accompanied by the report of such screening.

EDUCATION LAW

ARTICLE 19-MEDICAL AND HEALTH SERVICE

§901. Medical inspection to be provided

Medical inspection shall be provided for all pupils attending the public schools in this state, except in the city school districts of the cities of New York, Buffalo and Rochester, as provided in this article. Medical inspection shall include the services of a trained registered nurse, if one is employed, and shall also include such services as may be rendered as provided herein in examining pupils for the existence of disease on physical defects and in testing the eyes and ears of such pupils.

§903. Pupils to furnish health certificates

A health certificate shall be furnished by each pupil in the public schools upon his entrance in such schools, and by each child entering the first, third, seventh and tenth grade thereof. An examination of any child may be required by the local school authorities at any time in their discretion to promote the educational interests of such child. Each certificate shall be signed by a duly licensed physician who is authorized to practice medicine in this state, and shall describe the condition of the pupil when the examination was made, which shall not be more than ninety days prior to the presentation of such certificate, and state whether such pupil is in a fit condition of bodily health to permit his or her attendance at the public schools. In a city school district contained within a city, the examination shall include a one-time test for sickle cell anemia. In all other school districts such physicians shall determine whether a test for sickle cell anemia is necessary or desirable and he shall conduct such a test and the certificate shall state the results. The provisions of this section relating to the test for sickle cell anemia shall not apply to any pupil who refuses to take such test because of his religious beliefs. Such certificate shall be submitted within fifteen days after his or her entrance in such schools or grades to the principal or teacher having charge of the school and shall be filed with the clerk of the district. If such pupil does not present a health certificate as herein required, the principal or teacher in charge of the school shall cause a notice to be sent to the parents of such pupil that if the required health certificate is not furnished within fifteen days from the date of such notice, an examination will be made of such pupil as provided herein.

§904. Examinations by medical inspection

Each principal or teacher in charge of a public school shall report to the medical inspector having jurisdiction over such school the names of all pupils who have not furnished health certificates as provided in section nine hundred three, or who are handicapped children as defined by article eighty-nine of this chapter, and the medical inspector shall cause such pupils to be separately and carefully examined and tested to ascertain whether any of them are suffering from defective sight or hearing, from any other physical disability tending to prevent them from receiving the full benefit of school work, or requiring a modification of such work to prevent injury to the pupils or to receive the best educational results. In a city school district contained within a city, such examination shall include a one-time test of all pupils between the ages of four and nine to determine the presence of sickle cell anemia. In all other school districts, the test for sickle cell anemia shall be at the discretion of the medical inspector. The provisions of this section relating to the test for sickle cell anemia shall not apply to any pupil who refuses to take such test because of his religious beliefs. If it be ascertained upon such test or examination that any of such pupils are afflicted with defective sight or hearing or other physical disability including sickle cell anemia as above described the principal or teacher having charge of such school shall notify the parents or other persons with whom such pupils are living, as to the existence of such defects and physical disability. If the parents or guardians are unable or unwilling to provide the necessary relief and treatment for such pupils, such fact shall be reported by the principal or teacher to the medical inspector, whose duty it shall be to provide relief for such pupils.

§905. Record of examinations; eye, ear and scoliosis tests

1. Medical inspectors or principals and teachers in charge of schools in this state shall make eye tests of the pupils in such schools, and shall examine all such pupils between eleven and sixteen years of age for scoliosis, at least once in each school year. Ear tests shall be made at least once in each school year for pupils in such schools in grades seven and below, in grade ten, and at any time deemed necessary by such medical inspectors or principals and teachers. Such tests for hearing shall be made with audiometers or with such other scientific devices as may meet the approval of the commissioner of education. The commissioner of education shall prescribe and furnish to the school authorities suitable rules of instruction as to tests and examinations made as provided in this article, together with test cards, blanks, other useful appliances and suitable apparatus when necessary for carrying out the purposes of this article. The commissioner of education shall provide for pupils in the state colleges for teachers and state teachers colleges instruction and practice in the best methods of testing the sight, hearing and scoliosis of children. He shall also furnish any necessary scientific apparatus.

2. Notwithstanding any other provisions of any general, special or local law, the school authorities charged with the duty of making such tests or examinations of pupils for the presence of scoliosis pursuant to this section shall not suffer any liability to any person as a result of making such test or examination, which liability would not have existed by any provision of law, statutory or otherwise, in the absence of this section.

3. The provisions of this section relative to examination for scoliosis shall be waived by the commissioner of education upon the filing, in accordance with rules and regulations to be established and promulgated by the commissioner of education, of a resolution duly adopted by a board of education stating that the school district does not have the capability to comply with this section relative to the examination for scoliosis and that such compliance would place a financial cost upon the school district, provided, however, that such resolution may not be adopted prior to the holding of a public hearing on such proposed resolutions. Such rules and regulations to be established and promulgated by the commissioner of education in accordance with this section shall include, but not be limited to, the date for filing such resolution by a board of education and to the dates for filing subsequent resolutions.

Amended 1978 Laws, Chapter 202.

§2164. Definitions; immunization against poliomyelitis, mumps, measles, diptheria (sic) and rubella

1. As used in this section, unless the context requires otherwise:

a. The term "school" means and includes any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.

b. The term "child" shall mean and include any child between the ages of two months and six years and every child entering school.

c. The term "person in parental relation to a child" shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian. A person shall be regarded as the custodian of a child if he has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown.

2. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diptheria (sic) and rubella which meets the standards approved by the United States public health service for such biological products, and which is approved by the state department of health under such conditions as may be specified by the public health council.

3. The person in parental relation to any such child who has not previously received such immunization shall present the child to a physician licensed to practice medicine in this state and request such physician to administer the necessary immunization against poliomyelitis, mumps, measles, diptheria (sic) and rubella as provided in subdivision one of this section.

4. If any person in parental relation to such child is unable to pay for the services of a private physician, such person shall present such child to the county physician of the county in which the child resides, or, if there be no such officer, to the public officer exercising corresponding functions, who shall then administer the immunizing agent without charge.

5. The physician who administers such immunizing agent against poliomyelitis, mumps, measles, diptheria (sic) and rubella to any such child shall give a certificate of such immunization to the person in parental relation to such child.

6. In the event that a person in parental relation to a child makes application for admission of such child to a school and there exists no certificate or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diptheria (sic) and rubella, the principal, teacher, owner or person in charge of the school shall inform such person of the necessity to have the child immunized, that such immunization may be administered by any physician licensed to practice medicine in this state, or that the child may be immunized without charge by the county physician where the child resides, or the public officer exercising corresponding functions if such person executes a consent therefor. In the event that such person does not wish to select a physician to administer the immunization, he shall be provided with a form which shall give notice that as a prerequisite to processing the application for admission to the school such person shall state a valid reason for withholding consent or consent shall be given for immunization to be administered by a health officer in the public employ, or by a school physician or nurse. The form shall provide for the execution of a consent by such person and it shall also state that such person need not execute such consent if subdivisions eight or nine of this section apply to such child.

7. No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diptheria (sic) and rubella.

8. If any physician licensed to practice medicine in this state certifies that immunization may be detrimental to a child's health, the requirements of this section shall be inapplicable until such immunization is found no longer to be detrimental to the child's health.

9. The section shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, and no certificate shall be required as a prequisite (sic) to such children being admitted or received into school or attending school.

10. The commissioner may adapt and amend rules and regulations to effectuate the provisions and purposes of this section.

Amended 1978 Laws, Chapter 550.